

**Certification of
Non-Permit Holder**



Form 303
Supplier Use Only

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF CHARITABLE GAMING**

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____

Officer or Game Manager _____

I hereby certify that the above referenced organization's gross receipts are expected to be \$25,000 or less in any 12-month period .

Must be signed by either an Officer of the organization or the organization's game manager.

Signature: _____ Date: _____

Print Full Name _____

Title: _____

Telephone: _____

E-Mail Address: _____

Supplier Name: _____

This form must be dated and kept on file by the supplier for three years from the end of a fiscal year.

This statement is prepared and signed to document the sale of gaming supplies as required by the Commonwealth of Virginia § 18.340.23.A of the Code of Virginia, 1950, as amended and the Charitable Gaming Rules and Regulations - 11 VAC 15-31-20.C.1.